POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIP PROGRAM

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MARGARET COCHRAN CORBIN CAMPUS (MANHATTAN)

PSYCHOLOGY SECTION of the MENTAL HEALTH SERVICE

423 EAST 23RD STREET
NEW YORK, NEW YORK 10010
(212) 686 7500, Ext. 7698

FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2029)
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
http://www.apa.org/ed/accreditation

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for the 2023-24 Training Year

PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS THURSDAY, DECEMBER 1, 2022, 11:59 PM EASTERN STANDARD TIME

PLEASE CLICK HERE TO SEE OUR PROGRAM'S ADMISSIONS, SUPPORT, AND OUTCOME DATA

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Introduction

The Postdoctoral Clinical Psychology Fellowship Program at the Margaret Cochran Corbin campus (Manhattan) of VA New York Harbor Healthcare System offers advanced training that builds upon the general knowledge, skills, and competencies of clinical psychology. Our program provides opportunities to develop advanced general clinical skills as well as to develop interests within the following 3 areas of emphasis:

- Track 1: Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care (Health/PC); 2 positions

- Track 2: Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care (Gero); PLEASE NOTE THAT DUE TO STAFFING CHANGES WE WILL BE UNABLE TO OFFER GERO TRACK TRAINING FOR THE UPCOMING ACADEMIC YEAR (2023-24)

- Track 3: Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans (PTSD); 2 positions

RESPONSE TO COVID-19 AND IMPACT ON TRAINING (*updated August 2022*)

The health and safety of our trainees and staff, along with providing the highest quality care for our veterans, is always of paramount importance to us. We are committed to maintaining the high standards of our training program while also abiding by safety and public health guidelines from our hospital leadership and state and local governments. In the interest of maintaining transparency, we will continue to update this information and our training materials as the impact of the COVID-19 pandemic evolves.

When the pandemic hit New York City in the spring of 2020, outpatient Psychology staff and trainees were able to successfully transition to full-time telework, with the full support of facility and MH leadership. Almost all training activities were maintained without significant disruption. All trainees continued to treat veterans via telehealth for intake assessments, individual therapy, and group therapy, either by phone or video conference. Didactics and supervision also continued over virtual platforms. Certain minor rotations needed to be modified or were unavailable to fellows in our 2019-2020 class due to the circumstances of the pandemic. For example, some medical settings and clinics that were usually available to fellows for minor rotations had a reduced need or capacity for psychological services as clinics were closed and the efforts and resources of the hospital were shifted to meet the tremendous demands created by the influx of COVID patients. In some cases, the devastating impact of COVID-19 presented unique clinical opportunities for fellows to provide support and intervention for COVID patients, their families, and front-line medical providers.

Our subsequent fellowship classes, along with most of our staff, have had full remote access, and have been able to provide some outpatient services via telehealth. Most outpatient staff and trainees have worked in a hybrid model (three days on site, two days teleworking) in a fixed schedule. Fellows and staff are expected to be on site to deliver particular clinical services, such as working in the Psychiatric Emergency Room or on medical units; in some cases, this necessitates being on site more than three days per week, depending on individual clinical responsibilities. Staff and trainees have received intensive training to assist them in acclimating to the provision of mental health services via telehealth. Special attention has also been paid to the important of self-care, the unique opportunities and

challenges associated with providing MH care during the pandemic, and efforts to enhance staff and fellow cohesion.

Going forward, the program will utilize the lessons learned during the pandemic to guide us in navigating future challenges. While we cannot anticipate what other crises or emergencies we might face, we are committed to preserving the integrity of our training while also serving the needs of our veteran community to the fullest extent possible. As we have learned during this public health crisis, we must be flexible, creative, and supportive in our training endeavors. We are fortunate to have options such as teleworking and providing virtual care which can be utilized in such circumstances. Similarly, the program's setting in the larger VA New York Harbor Healthcare System, which includes two medical centers, an extended care facility, and community-based clinics, as well as our academic affiliation with New York University School of Medicine, provides us with a wide array of educational and clinical resources.

The program has offered interviews to applicants via virtual platforms, both prior to and during the pandemic. Virtual interviews are an extremely effective modality for both applicants and the program to get the information needed to make informed decisions about ranking. Interviews for the 2023-24 training year will be held via virtual platforms. We also plan to offer applicants the option to attend an on-site open house and tour hosted by our current fellows. **No advantage** will be given to applicants who attend an in person open house. Given the expense and logistical difficulties involved in traveling for out-of-town applicants, we understand that this option may not be possible for many applicants. Please see the section on Selection and Interview Process later in this brochure for more details and the latest updates on the interview process.

Consistent with national policy for VHA employees, all trainees onboarded/hired on or after November 22, 2021, must be fully vaccinated for COVID-19 before beginning employment and/or training rotations with VA. Further, consistent with VA policy for health professions trainees, applicants for VA training programs need to meet particular health requirements as outlined by the CDC and listed on the Training Qualifications and Credentials Verification Letter (TQCVL); unvaccinated persons do not meet the eligibility requirement to be listed on a TQCVL.

For additional information on eligibility requirements, please see the VA Office of Academic Affiliations (OAA) website:
Am I Eligible? Checklist for VA HPTs

Training Setting

The medical center at the VA NY Harbor Healthcare System, Margaret Cochran Corbin campus is located on East 23rd Street at First Avenue in Manhattan, adjacent to the New York University and Bellevue Medical Centers. New York City is one of the world's cultural, culinary, and night-life capitals which, combined with access to recreational facilities in the nearby area including beaches, sports, parks, and natural settings, provides for an outstanding quality of life. The diversity of cultures, ethnicities, and neighborhoods makes New York City an endlessly fascinating place to explore.

The Manhattan VA is a VA Level 1a facility, indicating the highest level of complexity amongst VA hospitals. The medical center provides a full range of health care services with state-of-the-art technology to a large and diverse patient population, as well as education and research. The Manhattan VA is fully accredited by the Joint Commission and is a full-service teaching hospital providing

comprehensive coverage of all medical, surgical, and dental specialties. In addition to Psychology postdoctoral fellowship, internship, and externship training programs, the medical center maintains residencies in all medical specialties and subspecialties, almost all of which are fully integrated or affiliated with New York University-Bellevue. Many additional training programs are offered in the nursing and allied healthcare professions such as Social Work, Physical and Occupational Therapy, Audiology, Nutrition, and Pharmacy. The varied and numerous training programs allow for a rich interaction between Psychology postdoctoral fellows and the multiplicity of other disciplines, most notably medical and psychiatric residents and fellows. Our affiliation with NYU Medical Center and proximity to a multitude of hospitals and health-related institutions within New York City provides for unlimited educational opportunities.

The Mental Health Service is comprised of psychiatrists, psychologists, social workers, and peer specialists under the overall leadership of the Associate Chief of Staff for Mental Health. Psychology maintains a staff of 42 psychologists who are involved in a large number of mental health and medical programs throughout the hospital and our VISN (Veterans Integrated Service Network) via our Telemental Health Clinical Resource Hub (CRH). Examples include Outpatient Mental Health Clinic/Behavioral Health Interdisciplinary Program (BHIP), Primary Care/PACT (Patient Aligned Care Team), inpatient Psychiatry, PTSD Clinical Team, Substance Abuse Rehabilitation Program, Telemental Health, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Clinic (OEF/OIF/OND; veterans who served in Iraq and/or Afghanistan), Neuropsychology, Women's Clinic, Psychiatric Emergency Room, Rehabilitation Medicine and Polytrauma, Pain Clinic, Geriatric Medicine, HIV/Infectious Disease, Home-Based Primary Care, Palliative Care, Oncology, Diabetes Clinic, Renal Dialysis, and Transplant.

Psychology Section & Patient Population

The Manhattan VA provides inpatient and outpatient mental health services to veterans of all gender identities. While many veterans seen are adult cisgender males, a significant and increasing number of cisgender female veterans and transgender and gender diverse veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. In line with national VA directives, the Manhattan VA has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, subject to discrimination, and experienced health disparities, such as people of color, LGBTQ+ individuals, and female identifying veterans. Several of our psychologists are actively involved in the hospital's Women's Clinic, which provides comprehensive, specialized medical care and mental health services within the Primary Care setting. One of our psychologists also serves as the hospital's LGBTQ+ Veteran Care Coordinator, providing support and advocacy for LGBTQ+ patients and training and consultation to staff.

Our staff are a unique group of psychologists who seek to create a training atmosphere that embraces diversity. Amongst our staff are psychologists of different races, ethnicities, and religions, those who identify as LGBTQ+, those who speak other languages, those with a military background, and those who are the first in their families to have attended college or attained a graduate degree. Our population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our fellows and culturally

sensitive assessments and interventions to our veterans. We are fortunate to be located in New York City, and our patient population includes African-American, Hispanic/Latino, Caribbean-American, Asian, and Caucasian veterans of different gender identities and sexual orientations.

Fellows learn how factors such as race, ethnicity, culture, gender identity, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. Training and supervision also focus on helping fellows navigate cultural and individual differences in their work, including value conflicts or other tensions arising from the intersection of different areas of diversity (e.g., differences between patient and therapist in race, gender identity, religion, veteran status, socioeconomic status, or values/morality). We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

Training Model and Program Philosophy

Our postdoctoral fellowship program embraces a practitioner-scholar training model, with a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active, collaborative learning. We emphasize the integration of science and practice in all facets of our program, including clinical training assignments, supervision, and didactics. It is our philosophy and conviction that a successful training program is one in which both staff and fellows learn from each other and grow together. Therefore, our program employs an apprenticeship method in teaching clinical skills and fostering professional growth. At the same time, we make every effort to promote the fellow's creativity, autonomy, and unique clinical style in recognition of her/his postdoctoral professional status. Our training faculty value collegiality and mutual support with our postdoctoral fellows. Providing care to patients in a large metropolitan multicultural and multiethnic environment, we strongly emphasize and value multicultural competence, and this infuses all aspects of the fellow's training experience. Likewise, we value a welcoming attitude and compassionate treatment for our veterans; supervisors model and prioritize this attitude and demeanor in all interactions with patients.

Early in the training year, fellows work most closely with supervisors in order to immerse themselves in the clinical environment and culture as well as increase clinical and professional skills. Fellows and supervisors develop a sequence of assignments for the year based upon both training priorities and fellows' particular interests and goals. As the year progresses, fellows take on an increasing level of autonomy and independence as befits early career professionals and colleagues.

The typical workday for postdoctoral fellows is varied and resembles that of staff psychologists. On a daily basis, fellows may see patients for treatment or evaluations in their regular clinic or as part of a minor rotation; attend team meetings; attend or present at a seminar, case conference, or journal club; provide supervision for a trainee; and receive their own supervision. In general, fellows spend about 50% of their time providing direct clinical services to patients; the rest of their time is spent in supervision, didactics, and administrative duties.

Program Aim & Competencies

The fellowship program's overall aim is to prepare ethical and culturally sensitive future leaders in clinical psychology with the requisite skills and knowledge to develop, implement, and evaluate the provision of psychological services in hospital and other settings. Past fellows have distinguished themselves in a wide variety of employment settings. Since our program's inception in 2011, a

significant number of program graduates have joined our staff here at VA New York Harbor. Others have gone on to clinical, teaching, and leadership positions at VA or at other medical centers and health care facilities; community agencies, clinics, and private practices.

All fellows, regardless of track, are trained in the same competencies. These competencies incorporate APA standards for general skills required at the fellowship level of training as well as program-specific skills related to the advanced practice of clinical psychology in a hospital setting:

- Integration of science and practice
- Individual and cultural diversity
- Ethics and legal standards
- Assessment, diagnosis, and intervention
- Interprofessional skills
- Evidence-based methods with specific populations
- Teaching and supervision skills

All fellows are required to demonstrate competency in these areas.

Evaluations, Minimal Levels of Achievement, and Requirements for Completion

Fellows are required to complete a 12-month, 2080-hour postdoctoral fellowship. To remain in good standing, fellows are expected to maintain satisfactory progress toward training and didactic requirements; to adhere to professional standards of practice, demeanor and responsibility; maintain adequate workload and timely documentation; and adhere to APA ethical guidelines and HIPPA regulations, particularly in the areas of confidentiality and ethical treatment of patients.

Fellows receive formal competency-based evaluations at mid-year and end of year for major rotations, and at the end of each training assignment for minor rotations (see Appendix A for examples of our evaluation forms). Ratings are linked to behavioral anchors related to increasing levels of independence and practice. Supervisors meet with fellows as part of the formal evaluation process to discuss the content of these evaluations and assure mutual agreement and understanding regarding evaluative content. Supervisors also provide continual informal feedback in the course of ongoing supervision throughout the fellowship.

Postdoctoral fellows also complete formal evaluation of their supervisors. Supervisors do not have access to fellows' evaluations of supervision. The Director of Training gives de-identified, aggregated feedback to supervisors only after trainees have left the program. Additionally, fellows meet with the Director of Training at regular intervals throughout the year and for an extended exit interview at year' end to provide qualitative feedback regarding specific training experiences, any other aspect of the fellowship program, and suggestions for future planning.

Minimal levels of achievement in order to maintain good standing in the program are as follows: ratings of 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills - 3 at mid-year, 4 at year's end). New skills, such as new treatment or assessment modalities, are determined on an individual basis at the beginning of the training year as part of the discussion of the fellow's training plan with the Track Coordinator. New skills are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality. Such

experiences allow the fellow to sample a range of modalities without the requirement that they be advanced/expert in each specific assessment or intervention at the end of the year. To successfully complete the program, fellows must receive passing ratings on all evaluations and complete all clinical, documentation, didactic, and administrative requirements, including the fellowship project (see description under Program Structure).

Facility and Training Resources

Postdoctoral fellows are assigned offices located near staff psychologists, other psychology trainees, and Mental Health Service staff from other disciplines in the outpatient Mental Health Clinic. Offices are fully equipped with desks, locked file/storage space, and personal laptop computers that access the VA Computerized Patient Record System (CPRS), are equipped with word processing and other software packages including internet access, and email (statistical software such as SPSS is also available), and can be used to work remotely. Fellows will be able to see patients in their offices and also have use of computer-equipped offices or exam rooms within the Primary Care or PCT and other clinics (as appropriate) in which to see patients. The Psychology Service maintains a collection of testing instruments and equipment that are available as needed, as well as a selection of computer-based instruments. A program support associate dedicated to their primary clinic assignment is available for the fellow. The medical center maintains an excellent Medical Library which provides Medline and PsychInfo searches and full interlibrary access to books and journal articles. The NYU Medical School Library is also a short walk away.

Administrative Policies and Procedures

Time Requirements

Our fellowship program is a one-year, full-time experience, beginning the Tuesday after Labor Day and ending the Friday before Labor Day the following year (for the 2023-24 training year, Tuesday, September 5, 2023 to Friday, August 30, 2024). Fellows are expected to work a 40-hour week, accumulating 2080 hours over 12-months, minus approved annual leave, sick leave, and approved absence for training and education. The fellow's training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, fellows must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program. Our fellowship program exceeds experience requirements for New York state psychology licensure (i.e., one year or 1750 hours of supervised postdoctoral experience).

Due Process Statement

Supervisors and the Director of Training attempt to address all problems and complaints at the lowest possible level in a manner that is most supportive to all parties, utilizing formal procedures only when standard supervisory approaches have proven unsuccessful in resolving an issue. The fellowship training manual which fellows receive at the beginning of training outlines specific policies regarding grievance options and procedures, due process with regard to fellow performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically. Please see Appendix B for our policies regarding due process, remediation, and grievance procedures.

Collecting Personal Information

Our privacy policy is clear: We will collect no personal information about you when you visit our website.

Overview of Program and Training Experiences

The postdoctoral fellowship consists of a combination of a year-long required major rotation and two or more minor rotations, each lasting approximately 3-6 months. Fellows also participate in didactics, provide supervision to more junior trainees, and complete a fellowship project. Fellows work closely with their track coordinator at the beginning of the year to formulate a training plan, addressing both areas of interest and of growth, to create an individualized schedule for the year.

Program Structure

Required Training Experiences

- ***Major Rotation (year-long):***

  Diagnosis, Assessment, & Intervention competencies; Interprofessional competencies
  For each track/area of emphasis, fellows are affiliated with a clinic or clinics that are the main locus of their training experience. These clinics all consist of interdisciplinary treatment teams that provide the interprofessional training component of the program. Fellows work closely with providers and trainees from a wide range of disciplines, including physicians, nurse practitioners, nurse care managers, nurses, social workers, psychiatrists, pharmacists, nutritionists, chaplains, and clerical staff. Responsibilities include evaluation and assessment; individual and group therapies; and team participation and consultation.

- ***Minor Rotations (2-12 month long assignments):***

  Evidence-Based Assessment & Treatment competencies
  Minor rotations are a combination of required and elective assignments designed to round out fellows' training and to allow them to pursue individual areas of interest. On minor rotations, fellows provide evidence-based methods of assessment, intervention, and consultation. By providing fellows with opportunities to work with complex and diverse patient populations in a variety of clinics and treatment settings, they can develop advanced level clinical knowledge and skills. Minor rotations include a variety of options, such as various medical and MH specialty clinics and programs; these vary by track and are described in the next section in more detail. In addition, we offer a minor rotation to fellows in all tracks in Diversity, Equity, and Inclusion, described below in this section.

- ***Teaching and Supervision (year-long):***

  Teaching & Supervision competencies
  An important aspect of transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Fellows are expected to teach 1- 2 psychology intern seminars, supervise interns in intake evaluations and psychoeducational groups, and to provide CBT or psychodynamic psychotherapy supervision and seminars to externs.

Please see next section for more information on specific clinical training experiences within each track.

Minor Rotation Electives:
In addition to minor rotation electives associated with each area of emphasis (see subsequent sections of this brochure which describe clinical experiences related to each track), the following rotations are elective options for fellows from all 3 tracks.

Diversity, Equity, and Inclusion

Individual and cultural diversity is a required profession-wide competency at the level of postdoctoral training, and it is a core value imbedded within our trainimg program. With the killings of Black Americans by law enforcement, and consequent calls for racial justice, all occurring in the midst of a worldwide pandemic that has disproportionately affected communities of color, women, and the poor, our program has continued to reflect on ways that we can improve and expand our training opportunities related to diversity.

Within this context, we have developed a minor rotation focusing on Diversity, Equity, and Inclusion (DEI). This minor rotation will be an elective option for all fellows across our three areas of emphasis (Health Psychology & Primary Care, Geropsychology, and PTSD). The DEI minor rotation will allow fellows to further enrich and expand their training in individual and cultural diversity by providing additional clinical, scholarly, and administrative experiences in this area. The following requirements will be included as part of the rotation:

- Completion of a fellowship project that focuses on a specific aspect of diversity. The fellowship project has always been a general requirement in our program; participation in the DEI elective would further require that the project's content be related to diversity. Fellows develop and complete a scholarly or other professional development project such as small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation.
- Outreach to and clinical intervention with veteran populations whose members have traditionally been underserved (for example, creating a Race-Based Stress and Trauma Group for veterans of color that have negatively impacted by racism; focusing on interventions for communities of color who experience health disparities; implementing interventions for caregivers that incorporate a focus on individual and cultural diversity).
- Participation in the **Alliance for Healthcare Equity, Accountability and Diversity (AHEAD)** committee, an action-oriented, multidisciplinary team focused on making space for conversations, providing opportunities for education, and shifting the culture of the institution around diversity. AHEAD has 4 Subcommittees or teams: Education, Communication, Research, and Social Response. The fellow will attend meetings related to particular subcommittees of interest and will work with one of the founders of AHEAD, Dr. Karima Clayton, to integrate the work of all the subcommittees toward the advancement of DEI across the hospital. The fellow will have the opportunity to engage in dialogue with staff from across the hospital and to advocate for changes consistent with DEI.

Emotion-Focused Therapy (EFT) for couples

EFT is a short term (8 to 20 sessions), evidence-based, structured treatment for couples that is based on attachment theory and science. EFT integrates a humanistic, experiential approach to restructuring emotional experience and a systemic structural approach to restructuring interactions, and has been used successfully with many different kinds of couples, presenting issues, and cultural groups. Fellows

who elect this rotation will see 1-2 couples cases and participate in a didactic seminar along with other trainees over the course of 6 months. Fellows receive a half-hour of individual supervision per week and audio or video recording of sessions are utilized in supervision.

Psychodynamic Psychotherapy

Fellows who elect this rotation may choose to see patients for year-long, traditional psychodynamic psychotherapy and/or shorter-term Dynamic Interpersonal Therapy (DIT), an evidence-based dynamic treatment protocol for patients with depression and/or anxiety and interpersonal difficulties. Fellows carry 1-3 patients over the course of the year and have the opportunity to treat a range of psychopathology, including depression, adjustment disorders, anxiety disorders, and personality disorders. Fellows receive a half-hour of individual supervision per week and audio or video recording of sessions are utilized in supervision.

Supervision, Didactics, Conferences, and Other Meetings

All fellows receive a minimum of 3 hours (typically more) of weekly scheduled individual supervision from multiple supervisors on our faculty. In addition to acquiring clinical skills and knowledge, fellows are encouraged to further develop their own professional identities, theoretical orientation, and goals over the course of the postdoctoral fellowship. Regular individual and group supervision meetings on professional development and "supervision of supervision" are provided. Supervisors also assist fellows in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning. Additionally, fellows meet regularly with their track coordinators and the Director of Training for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Faculty are always available for unscheduled consultation as the need arises or in emergent situations. Supervision may take place face-to-face or via online video conferencing; on site supervision is provided for all face-to-face patient encounters.

Fellows participate in a range of didactic activities and other educational activities. These include shared didactics for all 3 tracks on interprofessional issues and supervision of supervision, and weekly group supervision of evidence-based psychotherapies (ACT-D, CBT-I). Didactics relevant to the area of emphasis for each track are also provided. Some of these didactics include trainees from other VA facilities and are conducted via online video conferencing. Other didactics are provided via VA's online training system (Talent Management System or TMS). All educational activities using online platforms are provided free of charge.

As developing supervisors, fellows participate in the Externship and Internship Training Committees, where they learn and provide input about ongoing supervisory issues, trainee recruitment, and program development and improvement. Fellows also attend and participate in our monthly Psychology Case Conferences.

Fellowship Project

The fellow is expected to develop and complete a scholarly or other professional development project over the course of the fellowship year. Fellows who elect the DEI minor rotation will complete a fellowship project related to a specific aspect of diversity. Possible projects include: a small empirical investigation, literature review, performance improvement project, needs assessment, or program

evaluation.

Some recent examples of fellowship projects include the following: Implementing a Race-based Stress & Trauma group for female-identifying veterans of color; Educating Medical Providers on the needs of older LGBTQ+ adults; Multicultural Training for Psychology Students through an Experiential Modality; Needs assessment & Outcome evaluation for long-term Vietnam Veteran Support groups; Implementing a Later-Adulthood Trauma Reengagement Group; Outcome evaluation for CBT for Insomnia Groups; creation and evaluation of a psychoeducational group ("Brain Gains") aimed at enhancing cognitive skills; Efficacy of Dynamic Interpersonal Therapy in a VA Primary Care Setting; Interprofessional Collaboration: VA Women's Health Project; Evaluation of Eating Disorder Knowledge & Screening in Medical & Mental Health Providers; creation of Biofeedback Training Manual for psychology trainees; Sexual Trauma Screening & Intervention: Practices & Perceptions of Medical Providers; creation of a Dementia Caregivers' Checklist & Resources; Cognitive Functioning, Lesion Burden, & Compliance in Patients with Multiple Sclerosis; Assessment in Acute Stroke Rehabilitation; Correlates of Caregiver Burden & Depression; Exploring Interprofessional Care; Talking about Sexual Health & Intimacy with Prostate Cancer Survivors; Cognitive Functioning, Control, & Compliance in Primary Care; Evaluating Effectiveness of an Interdisciplinary Pain Rehabilitation Program; Cognitive Screening in a Medical Population: Working Towards Preventative Care; Collaboration & Job Satisfaction in the Medical Home Model.

Diversity Committee

Each year we ask the internship and fellowship classes to select 2 representatives each to participate in the Psychology Section's Diversity Committee. Each representative participates in the Committee's meetings for a period of 6 months. This Committee consists of both trainees and staff psychologists, and its aims are to specifically address how we can improve our training climate with regard to diversity and create an atmosphere that promotes inclusion and recognition of the paramount importance of cultural and diversity factors in our work. The Committee has brought about major improvements in our trainee evaluation and selection policies, staff recruitment, didactics, and training. The Diversity Committee also provides feedback to the Training Committee and Chief of Psychology on the experience of diverse staff and trainees, how to best integrate discussions of diversity into training and supervision, and how to improve the atmosphere for staff and trainees from diverse backgrounds. There are 3 Subcommittees: 1) Recruitment/Retention of Diverse Staff & Trainees, 2) Mentorship of Trainees of Diverse Backgrounds, and 3) Training and Professional Development.

Support for Professional Development

<u>Process Group</u>

This required group is facilitated by a psychologist who is not involved in the supervision or evaluation of fellows. The process group may meet weekly, bi-weekly, or monthly as determined by fellows' preferences. The group provides a forum for fellows to discuss issues related to the program and to their development as psychologists and to receive feedback. The group allows fellows to raise questions and concerns in a safe environment and represents a unique opportunity for personal and professional development.

Mentorship

All fellows are matched with a training mentor at the beginning of the year to further support and facilitate professional development. Based on discussions with the fellow about their professional goals, we make every effort to match each fellow with a mentor who shares relevant interests and experiences. In an effort to create an atmosphere of safety and trust in the relationship, the staff who serve as mentors are not part of the Postdoctoral Fellowship Training Committee and do not serve in an evaluative role for any of the fellows but serve to provide a collegial context for the fellows. The mentoring relationship is inherently flexible and can vary tremendously in its form and function. For example, mentors can provide guidance on professional issues, early career development, ethical & moral issues, navigating work/life balance, navigating issues of diversity and personal identities, navigating professional settings/institutions/politics, assist with networking, and provide moral support. Mentors and fellows meet regularly (once a month or more, if needed).

Diversity, Equity, & Inclusion Liaison

This is a resource for trainees who would like to discuss with a non-evaluative staff member any diversity concerns that may arise within a clinical, supervisory, interdisciplinary, or peer setting. Concerns could be related to race, gender identity, sexual orientation, religion, disability, or any other aspect of a trainee's cultural identity. The DEI Liaison can assist the trainee in navigating dynamics related to power and privilege, systemic oppression, and cultural differences. The Liaison acts in a consultative role, to assist the trainee in thinking through options, including the option to not take action.

Cultural Minority Safe Space Gathering

This group meets monthly, providing an optional, informal gathering for Psychology staff and trainees (externs, interns, fellows) of minoritized racial and ethnic groups. A supportive space to share experiences related to one's cultural and racial identity and how these may impact training, clinical work, professional development, and interpersonal relationships.

TRACK 1: EMPHASIS IN CLINICAL HEALTH PSYCHOLOGY AND INTERPROFESSIONAL TRAINING IN PRIMARY CARE

Primary Care Mental Health (PCMH) is the setting for the major rotation in this track. The Patient-Centered Medical Home model is utilized for primary care service delivery, which emphasizes the seamless integration of physical and mental health services. Within the Primary Care setting, fellows provide behavioral consultations and shared medical visits with medical providers, typically to address such issues as lack of adherence or self-care, communication problems, poor understanding or comprehension, and psychosocial barriers affecting the patient's medical care. Fellows respond to patient mental health issues as they arise, which may take the form of discussion in team meetings, curbside informal consultation, brief same-day or full evaluation, or short and longer term psychological intervention as indicated. Fellows may also provide specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery). Fellows carry a caseload of short-term individual therapy cases from Primary Care or medical clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. Treatment emphasizes evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, CBT for chronic pain, and biofeedback. Fellows lead or co-lead at least one outpatient group during the year, such as the Oncology Cancer Support, Living Better With Chronic Pain, Healthy Sleep, or Diabetes Support groups

Fellows are required to complete a 2 month-long minor rotation in Consultation/Liaison Psychiatry and to select at least two other minor rotations; one of these may be the DEI or EFT rotations, the others would be chosen from the list below.

- On the C/L rotation, fellows work closely with psychiatry fellows and residents, Neurology residents, medical students, and an interdisciplinary inpatient team to provide immediate response to consults from inpatient medical units for MH needs that emerge within the context of the patient's admission (e.g., adjustment problems, confusion/delirium, decompensation, decisional capacity). C/L involves bedside MH evaluations and follow-up brief intervention as indicated, consultation and collaboration with the medical team, and post-discharge MH disposition planning.

- Other minor rotations include Chronic Pain, Substance Use, Oncology, Renal Dialysis, Cardiology, Women's Health, Psychiatric Emergency Room, REACH VA Caregiver Intervention, VA Caregiver Support Program, Home-Based Primary Care, Palliative Care, Eating Disorders, Diabetes, Neuropsychology/Memory Disorders Clinic, Whole Health & Wellness, or the development of a new clinical placement based upon the fellow's area of interest. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team.

TRACK 2: EMPHASIS IN GEROPSYCHOLOGY, CLINICAL HEALTH PSYCHOLOGY, AND INTERPROFESSIONAL TRAINING IN GERIATRIC PRIMARY CARE; PLEASE NOTE THAT DUE TO STAFFING CHANGES WE WILL BE UNABLE TO OFFER GERO TRACK TRAINING FOR THE UPCOMING ACADEMIC YEAR (2023-24). We anticipate resuming training in the Gero track for the 2024-25 academic year.

For the major rotation, the fellow is affiliated with the Geriatric PACT (Patient Aligned Care Team), the HBPC (Home Based Primary Care) PACT, the Palliative Care Consult Team, and the Memory Disorders Clinic (MDC). PACT is the designation for a treatment team within the Patient Centered-Medical Home

model implemented throughout Primary Care. The fellow reviews and responds to patient mental health issues as they arise in these settings. This may take the form of discussion in team meetings, curbside informal consultation, brief same-day or full evaluation, or psychological intervention as indicated. Additionally, the fellow participates in behavioral consultations, sitting in with a medical provider and the patient to jointly address such issues as lack of adherence or self-care, communication problems, poor understanding or comprehension, and psychosocial barriers affecting the patient's medical care. In this arena, the fellow acts as a consultant to both the provider and the patient to facilitate treatment and/or health prevention goals. The fellow provides a range of assessments, including brief same-day evaluations, full psychological evaluations, and specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery). The fellow carries a caseload of short-term outpatient individual therapy cases from Geriatric Primary Care or medical clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. Additionally, the fellow carries a caseload of acute medical inpatients as part of the Palliative Care Consult Team. Treatments emphasize evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, Meaning Centered Psychotherapy (MCP), motivational interviewing/enhancement and substance abuse intervention, and biofeedback. The fellow will complete brief neuropsychological assessments in the Memory Disorders Clinic (MDC) during patients' appointments for interdisciplinary care focused on the diagnosis and treatment of memory disorders. There is also an option for the fellow to complete more comprehensive neuropsychological evaluations. Finally, the fellow has the opportunity to co-lead a variety of groups, including Oncology Support, Living Better With Chronic Pain, Diabetes Support Group, LGBTQ Support Group, Healthy Sleep, Life After Loss Group, or Relaxation/Meditation.

Fellows are required to complete a 2 month-long minor rotation in Consultation/Liaison Psychiatry and to select at least two other minor rotations; one of these may be the DEI or EFT rotations, the others would be chosen from the list below based on fellow interest and supervisor availability.

- On the C/L rotation, fellows work closely with psychiatry fellows and residents, Neurology residents, medical students, and an interdisciplinary inpatient team to provide immediate response to consults from inpatient medical units for MH needs that emerge within the context of the patient's admission (e.g., adjustment problems, confusion/delirium, decompensation, decisional capacity). C/L involves bedside MH evaluations and follow-up brief intervention as indicated, consultation and collaboration with the medical team, and post-discharge MH disposition planning.

- Other minor rotations include Chronic Pain, Substance Use, Oncology, Renal Dialysis, Cardiology, Women's Health, Psychiatric Emergency Room, REACH VA Caregiver Intervention, VA Caregiver Support Program, Eating Disorders, Diabetes, Whole Health & Wellness, or the development of a new clinical placement based upon clinical interest. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team.

TRACK 3: EMPHASIS IN PTSD, INTERPROFESSIONAL TRAINING, AND OEF/OIF/OND VETERANS

For the major rotation, fellows are based primarily within the PTSD Clinical Team (PCT), part of the outpatient mental health clinic providing outpatient interdisciplinary care to veterans from all service eras. Fellows provide intake screenings and comprehensive psychodiagnostic evaluations for patients

referred to the PCT. Full evaluations include a structured interview and administration of the PTSD Symptom Checklist (PCL-5) as well as the Clinician Administered PTSD Scale (CAPS). Fellows also co-lead screening groups, which include administration of self-report measures, psychoeducation about PTSD and clinic services, and brief one-on-one triage with veterans to assess appropriateness for the clinic. Fellows present cases during the PTSD team meeting and provides treatment recommendations for each veteran. Fellows learn and utilize a number of evidence-based psychotherapies to treat veterans with military-related PTSD and Military Sexual Trauma, including: Prolonged Exposure (PE), Virtual Reality Exposure Therapy (VRET), Skills Training in Affective and Interpersonal Regulation (STAIR), and Cognitive Processing Therapy (CPT). For the last several years, we have to be able to offer national certification in CPT, where fellows receive intensive CPT training at the beginning of the year and then participate in weekly consultation calls for at least 6 months. Fellows are be required to complete 2 CPT protocols in order to be eligible for CPT certification upon licensure. Fellows also carry 2-3 individual PTSD cases with co-morbid substance use disorders (SUDS) and utilizes a variety of treatment approaches, including evidence-based trauma therapies in conjunction with CBT for SUDS, MI, mindful craving management, and/or Acceptance and Commitment Therapy (ACT). Fellows lead skills-focused or supportive groups, such as Healthy Sleep, Race-Based Stress and Trauma Group, Creative Writing Group, Vietnam support group, STAIR group, ACT Group, and OEF/OIF/OND support group.

For minor rotations, fellows interface with other teams that work closely with the PCT, including the OIF/OEF/OND clinic, the VITAL Initiative, and the Dialectical Behavior Therapy Program. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team. Fellows are required to complete a year-long rotation in DBT, and to elect 2 other minor rotations (DEI, EFT, VITAL, OEF/OIF/OND):

- Dialectical Behavior Therapy *(year-long)*: fellows function as full members of the DBT team, receiving supervision and training in DBT, attending consultation team meetings, carrying individual DBT case(s), and co-leading a DBT skills group.

- VITAL (Veterans Integration to Academic Leadership) Initiative *(6 month rotation)*: VITAL focuses on student Veterans who are reintegrating to college from combat roles and reestablishing their footing in civilian life. Support is provided for issues such as building relationships, finding affordable housing, balancing budgets and achieving professional and/or educational goals. In conjunction with the VITAL Program Coordinator, fellows conduct psychological assessments (including safety planning, as indicated), provide brief psychological counseling, assist student veterans with enrollment and care at the VA, and provide education for college/university staff about military and veteran culture.

- OEF/OIF/OND (Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn) Clinic *(6 month rotation)*: This interdisciplinary team provides a full range of services for OEF/OIF/OND veterans, active duty personnel, and their families, with a focus on readjustment issues. Fellows provide triage assessments, in-depth evaluations, treatment planning, short-term follow up and individual psychotherapy. Fellows work closely with the psychologists and other clinicians on the team to help connect veterans to other services and to provide outreach to military personnel (recently separated or soon to separate from service).

APPLICATION PROCESS

For general inquiries regarding our postdoctoral fellowship program, please contact:

Christie Pfaff, Ph.D.
Director of Training, Postdoctoral Fellowship Program
Section Chief, Psychology
VA New York Harbor Healthcare System, Margaret Cochran Corbin campus (Manhattan)
423 East 23rd Street (136A OPC, 2nd Floor)
New York, NY 10010
(212) 686-7500, ext. 7698
Christie.Pfaff@va.gov

Health/PC Track Coordinator:	**Gero Track Coordinator:**	**PTSD Track Coordinator:**
Ariel Zeigler, Ph.D.	Michelle Kehn, Ph.D.	Nishant Patel, Psy.D.
Ariel.Zeigler@va.gov	Michelle.Kehn@va.gov	Nishant.Patel@va.gov
(212) 686-7500, x4085	(212) 686-7500, ext. 3743	(212) 686-7500, x4379

IMPORTANT: We ask that you only apply to ONE of these three tracks, based upon your primary professional interest.

Eligibility

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. There are specific requirements for both trainees and staff to be eligible for VA employment. Please see the following link for the most up to date information on eligibility requirements for VA trainees:

Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations

Health Professions Trainees (HPTs) are appointed as temporary employees of VA. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Training Director for the fellowship program will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Application & Selection Procedures

The Manhattan VA's postdoctoral fellowship program complies with all guidelines set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC), found here:

www.appic.org

The fellowship program also abides by all American Psychological Association (APA) guidelines and requirements. The postdoctoral fellowship program at the Manhattan VA is fully accredited by APA, with our next site visit scheduled for 2029.

We are committed to providing multiculturally competent training for our fellows and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes African-American, Hispanic/Latino, Caribbean-American, Asian, and Caucasian veterans of different gender identities and sexual orientations. Fellows learn how factors such as age, race, ethnicity, cultural identity, gender identity, sexual orientation, nationality, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the military. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds. The Federal Government is an Equal Opportunity Employer.

Application Procedure
To apply for our postdoctoral Fellowship, please submit the items listed below.

We are a member of APPIC (member code 9151) and we participate in the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA-CAS).

https://appicpostdoc.liaisoncas.com/applicant-ux/#/login

Please submit all application materials through the APPA-CAS portal. ALL APPLICATION MATERIALS MUST BE RECEIVED BY THURSDAY, DECEMBER 1, 2022, 11:59 PM EASTERN STANDARD TIME.

1. A cover letter that describes your training and career goals and how the features of the specific area of emphasis to which you are applying will facilitate the realization of these goals.

    - Track 1: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Health Psychology.

    - Track 2: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Geropsychology and Health Psychology.

    - Track 3: Please also describe your experience with trauma-related interventions, particularly evidence-based psychotherapies, as well as your research/scholarly experience.

    - **ALL TRACKS:** please indicate in your cover letter if you are interested in any of the elective minor rotations (DEI, EFT, or psychodynamic psychotherapy), and describe any relevant background or training experiences you have related to these areas.

2. Curriculum Vitae

3. Three letters of recommendation. At least one of these must be from an internship clinical supervisor.

4. A personal statement that addresses the following question; please limit your response to 500 words:

    - Track 1: Please describe a clinical or personal experience that was particularly meaningful to you in the development of your interest in health psychology.

    - Track 2: Please describe a clinical or personal experience that was particularly meaningful to you in the development of your interest in geropsychology and health psychology.

    - Track 3: Please describe a clinical experience that was particularly meaningful to you and how this contributed to your interest in PTSD/trauma work.

5. Official graduate school transcript

6. An abstract of your dissertation (if completed) or a letter from your dissertation chairperson describing your dissertation status and timeline, if you have not yet completed your graduate degree.

7. A letter from your current Internship Training Director confirming that you are in good standing to successfully complete your doctoral internship, including the expected completion date. If internship was already completed, a copy of your doctoral internship certificate. Your letter or certificate can be uploaded by you as an additional document through the APA CAS portal.

8. Optional: Abstracts of your publications (e.g., peer-reviewed articles, book chapters).

Selection and Interview Process
All completed applications are reviewed by the Postdoctoral Training Committee. We seek applicants who are well-versed in conducting individual and group psychotherapy as well as clinical interviewing and diagnostic assessment. In particular, prior training and experience with evidence-based treatments are preferred. Finally, we expect applicants to demonstrate both a background and a career interest focused on the emphasis area to which they are applying.

Based on a systematic review of all applications, a subset of candidates will be invited to attend a virtual group orientation to the program (including presentations from the Training Director, Track Coordinators, and Postdoctoral Faculty, and Q&A sessions with our faculty) and an individual interview with 2 faculty members on the following dates (TENTATIVE):

Wednesday, January 4 & Friday, January 6, 2023

Please wait to hear from us regarding whether we will be able to offer you an interview. We aim to notify all applicants regarding their interview status by December 23, 2022.

All interviews will be held via virtual platforms. Following the interview days, we are planning to offer the option for applicants to attend an in person open house and tour with our current fellows. Open houses & tours will be managed by our current fellows (without input or knowledge of our faculty) in order to ensure that <u>no advantage</u> will be given to applicants who choose to attend an in person open house. Given the expense and logistical difficulties involved in traveling for out-of-town applicants, we understand that this option may not be possible for many applicants. Applicants who do not attend the

open house will still be able to connect to our current fellows via email or telephone to ask any questions they may have**. This brochure will continue to be updated, along with our APPIC & UPPD directory listings, as we approach the fall application season.**

The program adheres to the APPIC policy that no person representing this training program will offer, request, accept, or use any ranking-related information from any postdoctoral applicant or graduate program. **Please note that we adhere to the APPIC Postdoctoral Selection Standards and Common Hold Date (CHD).** The Common Hold Date approach mirrors the widely-practiced graduate school admissions process. It allows postdoctoral programs to make offers at any time following the completion of interviews; applicants can then accept, decline, or hold an offer until the designated CHD of **Monday, February 27, 2023**. Only one offer can be held at a time by an applicant. As the offer and acceptance process naturally unfolds, it is expected that most offers and acceptances will occur prior to the CHD. **We anticipate making offers the week of January 9, 2023, after completing our interview process.**

Please see the APPIC website for further details on the APPIC Postdoctoral Selection Standards and the CHD process for the 2022-23 application season.

Prior to the CHD, we will consider making a reciprocal offer if our top applicant receives a bona fide offer from another postdoctoral training program. While we make every effort to complete all interviews as early in the year as possible, we reserve the right to make a reciprocal offer in the exceptional circumstance that an applicant we consider to be the top candidate gets another offer prior to the completion of our interview process.

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 11/17/22

As per APA Commission on Accreditation regulations, we provide the following information about admissions, support, and outcome data for the program.

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	**_ Yes** **✓ No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The Manhattan VA sponsors 4 permanent fellowship positions in clinical psychology each year; 2 in the Health/PC Track, 1 in the Gero Track, and 1 in the PTSD Track. In recent years, we have been fortunate to secure additional temporary positions that allow us to offer additional slots in the Gero and PTSD tracks. We ask that applicants apply to ONLY ONE OF THESE AREAS OF EMPHASIS. We review each application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experiences, academic performance (including scholarly and research achievements), general writing ability, ability to formulate clinical material, strength of recommendation letters, level of interest in our program, and level of interest, advanced skills, and demonstrated commitment to the area of emphasis. Based on these ratings, we invite a select group of applicants to interview. During the interview process, we try to get a sense of each applicant's personality, interests, clinical style, response to supervision, training needs, and career goals. Again, our goal is to determine who we feel will be the best match for what our program has to offer.

Describe any other required minimum criteria used to screen applicants:
• Doctoral student in good standing in a Clinical or Counseling psychology program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS), with expected completion prior to the start of fellowship, or • Completion of doctoral degree, including dissertation defense, from an APA, CPA, or PCSAS-accredited Clinical or Counseling Psychology program prior to the start date of the fellowship. Note: Persons with a Ph.D. in another area of psychology who meet the APA/CPA/PCSAS criteria for respecialization training in Clinical or Counseling Psychology are also eligible to apply. • Successfully completion of an APA, CPA, or PCSAS-accredited psychology internship prior to start of fellowship. • U.S. Citizenship • U.S. Social Security Number • Selective Service Registration • Fingerprint Screening and Background Investigation • Drug Testing • Affiliation Agreement • TQCVL (Trainee Qualifications and Credentials Verification Letter) • Additional On-boarding Forms • Proof of Identity per VA *Please see Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations for a more detailed description of these requirements.*

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	$53,970	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	***Yes***	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	***Yes***	No
Coverage of family member(s) available?	***Yes***	No
Coverage of legally married partner available?	***Yes***	No
Coverage of domestic partner available?	Yes	***No***
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96 hours (12 days)	
Hours of Annual Paid Sick Leave	96 hours (12 days)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	***Yes***	No
Other Benefits (please describe): Leave time: 11 Federal holidays. Requests for educational leave (up to 5 days) are granted for participation in conferences, trainings, the Examination for Professional Practice of Psychology (EPPP), and job interviews. The fellow's training may be extended due to unexpected illness, parental leave,		

etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, fellows must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program.

Benefits: Fellows are eligible for medical coverage under the Federal Employee Healthcare Benefits insurance program. On-site emergency health care is available. Fellows are also eligible for transit benefits. As temporary employees, interns may not participate in VA retirement programs. However, if fellows are later employed by VA or another federal agency, they receive service credit for the fellowship year.

Liability insurance: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of residents who were in the 3 cohorts	14	
Total # of residents who remain in training in the residency program	0	
	PD	**EP**
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	2
Veterans Affairs Health Care System	0	8
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	3
Other	0	1

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

FACULTY

Core Training Supervisors

Anthony J. Brinn, Psy.D., Yeshiva University (PTSD)
Clinical Psychologist, PTSD Clinical Team
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical Interests: assessment of and evidence-based treatment for PTSD and Substance Use Disorders (SUDs); CBT; Acceptance and Commitment Therapy (ACT); Motivational Interviewing (MI), Cognitive Processing Therapy (CPT); Screening Brief Intervention and Referral to Treatment (SBIRT)
Research interests: qualitative methodology; integration of mental health treatments into primary care; individualized and social interventions for PTSD/SUDs; facilitators of treatment success/compliance in treatment-resistant populations

Julia Buckley, Psy.D., Yeshiva University (PCMHI, Gero, PTSD)
Clinical Psychologist, Telemental Health Hub
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Individual and group psychotherapy for anxiety disorders, depression and mood disorders, PTSD and trauma-related disorders, alcohol and substance use, and interventions for individuals with chronic and/or life-threatening medical illnesses. CBT and mindfulness-based approaches.
Research Interests: Effectiveness of telemental health; quality improvement

Karima Clayton, Ph.D., Teachers College, Columbia University (DEI Minor Rotation)
Clinical Psychologist, Acute Inpatient Psychiatry Unit & Outpatient Mental Health Clinic
Adjunct Faculty, NYU, Steinhardt School of Culture, Education, and Human Development
Clinical Activities: Acute Inpatient Psychiatry, individual and group psychotherapy; Dynamic Interpersonal Therapy; CBT
Research Interests – Dementia Caregivers; families and incarceration; racial identity; experiences of racism and discrimination

Joanna Dognin, Psy.D., Chicago School of Professional Psychology (PCMH, Gero)
Clinical Psychologist; Women's Health Psychologist
Lead Trainer, Eating Disorder Initiative, VACO Women's Mental Health Section
Clinical Assistant Professor, NYU School of Medicine, Dept. of Psychiatry
Clinical activities: women's health psychology; eating disorders; psychoeducational interventions to foster treatment adherence & health behaviors; Motivational Interviewing; chronic disease self-management; shared medical appointments; team consultation and training.
Research interests: mental health disparities; integration of mental health in Primary Care; patient centered medical home; trauma disorders in HIV population; women's health; eating disorder; interprofessional training

Eriko N. Dunn, Psy.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Emergency Department
Clinical Activities: psychiatric emergency room assessment and triage; consultation for medical ER patients (e.g., risk/capacity evaluations); crisis intervention; short and long-term psychotherapy for Veterans establishing care; gero- and health psychology
Research Interests: assessment & treatment of older adults; caregiver interventions; psychotherapy efficacy

Lisa A. Gettings, Psy.D., Long Island University - Post (PTSD)
Clinical Psychologist, PTSD Clinical Team
Clinical Interests: assessment of and evidence-based treatment for PTSD; childhood and military sexual trauma; CBT; Dialectical Behavior Therapy (DBT); Cognitive Processing Therapy (CPT); Prolonged Exposure Therapy (PE), Skills Training in Affective Regulation (STAIR)
Research interests: treatment fidelity in the dissemination and implementation of evidence-based treatments; integration of PTSD treatment into existing EBTs (e.g., DBT-PE); qualitative methodology

Christine P. Ingenito, Ph.D., Teachers College, Columbia University (PCMH, Gero)
Counseling Psychologist, Primary Care Mental Health, Psychiatric Emergency Room
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: LGBT Veteran Care Coordinator for NY Harbor; evaluations and individual therapy for OIF/OEF/OND veterans; DBT consultation team; same-day access, evaluations and short-term therapy for female veterans in Primary Care Women's Clinic, triage and evaluation in the Psychiatric ER.
Research interests: Multicultural counseling competency; the impact of therapists' social attitudes on clinical judgment; psychosocial correlates of HIV/AIDS; factors influencing sexual risk-taking among gay-identified men

Karenjot Kaur, Ph.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Primary Care Mental Health
Clinical Activities: PCMHI and Women's Health evaluations and short-term therapy; integration of MH in medical settings, health-behavior focused and EBP-based interventions (MI, PE, ACT, EFT, CBT-I, BA-D), mindfulness, caregiver support (REACH-VA), psychotherapy for pregnancy loss.
Research Interests: Biofeedback, medical and psychological comorbidities, medication adherence, chronic illness management, utility of therapeutic interventions on medical conditions, health numeracy.

Michelle M. Kehn, Ph.D., **ABPP**, Long Island University – Brooklyn Campus (PCMH, Gero, PTSD)
Clinical Psychologist, Home-Based Primary Care Services; Track Coordinator, Postdoctoral
Clinical Psychology Fellowship with an Emphasis in Geropsychology, Clinical Health
Psychology and Interprofessional Training in Geriatric Primary Care
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Individual, couples, and family psychotherapy for home-bound, medically-ill veterans; interventions for family caregivers of home-bound veterans; bereavement counseling; capacity and cognitive assessment for home-bound veterans; individual psychotherapy for geriatric and palliative care patients; psychodynamic psychotherapy.
Research interests: Psychological interventions and measurement for older adults.

Michael Kramer, Ph.D., Long Island University – Brooklyn Campus (PTSD)
Clinical Psychologist, PTSD Clinical Team
Clinical Instructor, Department of Psychiatry, NYU School of Medicine
Clinical Activities: Exposure-based therapies for PTSD and Anxiety Disorders (including PE and VRET).
Research interests: resiliency to trauma in combat veterans and disaster relief workers; heat exposure in the treatment of PTSD and hyperarousal symptoms; the effectiveness of peer mentorship in the treatment of chronic substance abuse.

Kristina Murani, Ph.D., American University (PTSD)
Clinical Psychologist, PTSD Clinical Team
Clinical activities: Assessment of and evidence-based treatments for PTSD (PE, CPT); treatments for OCD-related disorders, substance abuse, eating disorders, suicidal and self-injurious behaviors; traditional CBT and third-wave CBT treatments (DBT, ACT); group psychotherapy; high risk and female-identifying Veterans
Research interests: Predictors of recovery from PTSD; psychotherapy outcome and process research; development of substance dependence and tolerance

Nishant Patel, Psy.D., Widener University (PTSD)
Clinical Psychologist; Director, PTSD Clinical Team; Track Coordinator, Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans (PTSD); 1 position
Clinical Activities: Evidence-Based treatments for PTSD and other trauma related concerns (e.g., PE, CPT, & CBT-I)
Research Interests: Cultural Psychology and its role in treatment conceptualization, assessment and intervention; Narrative Exposure Therapy

Christie Pfaff, Ph.D., New York University (PCMH, Gero, PTSD)
Clinical Psychologist; Director of Training and Section Chief, Psychology
Clinical Associate Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy; DBT consultation team; treatment of schizophrenia and severe mental illness.
Research interests: Insight in schizophrenia; education and training in psychology; brief psychodynamic psychotherapy

Ranjana Srinivasan, Ph.D., Teachers College, Columbia University (PCMH, Gero, PTSD)
Clinical Psychologist- Telemental Health Hub
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Psychodynamic therapy from a multicultural lens, co-morbid health diagnoses, eating disorder treatment, emotion focused couples therapy, interpersonal therapy, trauma focused psychodynamic therapy, cognitive processing therapy, and prolonged exposure therapy.
Research interests: Microaggressive experiences within minority populations, race based trauma, eating disorders within the veteran population.

Erica Shreck, Ph.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Telemental Health Hub
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: CBT individual and group psychotherapy via telemental health; cognitive-behavioral therapy; dialectical behavior therapy; neuropsychological and psychodiagnostic testing; Primary Care psychology; renal dialysis.
Research interests: Psychological factors in chronic disease management; effectiveness of individual and group psychotherapy via telemental health

Neal Spivack, Ph.D., CGP, FAGPA, Adelphi University (PCMH)
Clinical Psychologist, Primary Care Mental Health Integration
Clinical activities: Substance abuse evaluation and treatment; motivational interviewing; group therapy; diabetes psychological intervention; short-term systems oriented psychotherapy
Research interests: Group therapy, substance abuse, systems oriented treatment

Ariel Zeigler, Ph.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Primary Care Mental Health Integration
Track Coordinator, Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care
Clinical activities: Primary Care Mental Health Integration (PCMHI), Women's Health, Health-behavior focused interventions (problem-solving therapy, motivational interviewing), Individual and group psychotherapy,
Research interests: Clinical Health Psychology, health-behavior focused intervention research, management of chronic illness in diverse/multicultural populations

<u>Other Agency/Institution Supervisors</u>

Sagiv Ashkenazi, Psy.D., The Chicago School of Professional Psychology (PCMH, Gero, PTSD)
Clinical Psychologist, Telemental Health Hub
Emotion-Focused Therapy for Couples

Mark Bradley, M.D., Baylor College of Medicine (PCMH, Gero)
Attending Psychiatrist
Director, Consultation Liaison Service

Yvette Branson, Ph.D., Yeshiva University (PTSD)
Health Science Specialist
VITAL Initiative Coordinator

Leigh Colvin, Ph.D., Teachers College, Columbia University (PCMH, Gero)
Clinical Neuropsychologist

Chrystianne DeAlmeida, Ph.D., New School for Social Research (PCMH, Gero, PTSD)
Clinical Psychologist, Outpatient Mental Health Clinic
Chronic Pain; DBT Program

Laura Faiwiszewski, Psy.D., Kean University (PCMH, Gero)
Clinical Psychologist, Whole Health-PCMHI Champion, Health Behavior Coordinator
Whole Health & Wellness; Specialized Psychological Evaluations (Transplant, Bariatric)

Wendy Katz, Ph.D., Teachers College, Columbia University (PTSD)
Counseling Psychologist
OEF/OIF/OND Mental Health/Readjustment Services

Sean Lee, D.O., Touro College of Osteopathic Medicine (PCMH, Gero)
Attending Psychiatrist
Director, Psychiatric Emergency Room

Abigail S. Miller, Psy.D., Yeshiva University (Gero, PTSD)
Clinical Psychologist; Geropsychologist
Alzheimer's Caregivers Support Group; DBT Program

Jennifer Schneider, Ph.D., Fairleigh Dickinson University (PCMH, Gero, PTSD)
Clinical Psychologist, Telemental Health Hub
Emotion-Focused Therapy for Couples

Danny Tam, Ph.D., **ABPP**, Graduate Center at the City University of New York (PCMH, Gero)
Clinical Neuropsychologist

Gladys Todd, Ph.D., University of California, Santa Barbara (PCMH, Gero)
Clinical Psychologist
Substance Abuse Recovery Program (SARP)

Other Contributors

Valerie Abel, Psy.D., **ABPP**, Yeshiva University (PCMH, Gero, PTSD)
Clinical Psychologist (NYHHS – Brooklyn Campus)
Didactic Seminars

Kelly Crotty, M.D., Boston University School of Medicine (PCMH)
Attending physician
Consultation and Teaching in Primary Care

Mia Ihm, Ph.D., Teachers College, Columbia University (PCMH, Gero, PTSD)
Clinical Psychologist; Suicide Prevention Coordinator
Didactic Seminars; Consultation

Sathya Maheswaran, M.D., (Gero)
Attending Physician; Chief, Geriatrics; Director, Home-Based Primary Care
Consultation in GeriPACT and HBPC

Smitha Shetty, M.D., (Gero)
Attending Physician, Geriatrics and Home-Based Primary Care
Consultation in GeriPACT and HBPC

Susan Talbot, M.D.; University of Melbourne (PCMH, Gero)
Medical Director Palliative Care Service, Attending Physician Hematology/Oncology
Consultation in Palliative Care and Oncology

Craig Tenner, M.D., NYU School of Medicine (PCMH)
Attending Physician, Primary Care; Health Promotion / Disease Prevention Program Manager
Consultation in Primary care and for fellowship projects

APPENDIX A

EVALUATION FORMS

VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
MAJOR ROTATION EVALUATION

Fellow: Period Covered:
Supervisor(s):
Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.
The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill/Close Supervision. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.
The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores.
This evaluation is based on the following methods of supervision (check all that apply):

Discussion in supervision
Direct observation (including co-facilitation)
Review of audio recordings
Review of video recordings
Comments:

Integration of Science & Practice *(rate each item 1-6)*

1. Utilizes evidence-based practices and demonstrates knowledge of current literature, research, and theory in clinical activities
2. Demonstrates knowledge of current literature, research, and theory in clinical activities
3. Provides quality oral presentations in seminars, case conferences, etc.
4. Proposes realistic goals for fellowship project; demonstrates independent, critical thinking in fellowship project.
5. INTEGRATION OF SCIENCE & PRACTICE GLOBAL SCORE

Individual & Cultural Diversity *(rate each item 1-6)*

6. Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.
7. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

8. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
9. INDIVIDUAL & CULTURAL DIVERSITY GLOBAL SCORE

Ethics & Legal Standards *(rate each item 1-6)*

10. Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines.
11. Recognizes ethical dilemmas as they arise, & applies ethical decision-making processes in order to resolve the dilemmas.
12. Conducts self in an ethical manner in all professional activities. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
13. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
14. Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
15. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
16. ETHICS & LEGAL STANDARDS GLOBAL SCORE

Psychological Assessment, Diagnosis, and Intervention *(rate each item 1-6)*

17. Ability to establish a working alliance with patients and demonstrate appropriate empathy
18. Development & implementation of appropriate assessment strategies
19. Ability to administer, score, interpret, & integrate appropriate assessment measures (e.g., PHQ, GAD, PCL, AUDIT-C, CAPS)
20. Diagnostic interviewing skills
21. Differential diagnosis and knowledge of DSM 5
22. Ability to assess suicide risk, including safety planning as indicated
23. Ability to assess and diagnose substance use disorders
24. Ability to conduct specialized evaluations (e.g., transplant evals, MST evals)
25. Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)
26. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data
27. Formulates an appropriate, evolving case conceptualization based upon a sound evaluative and theoretical foundation
28. Develops appropriate therapy goals and treatment plan
29. Formulates well-conceptualized and comprehensive recommendations based on familiarity with treatment resources
30. Effectively communicates the results of assessments to the Veteran and facilitates engagement in treatment
31. Effective and flexible application of therapeutic strategies
32. Ability to use a variety of skills in symptom reduction
33. Ability to provide effective psychoeducational interventions
34. Maintains appropriate professional boundaries
35. Ability to manage and intervene effectively in crisis situations

36. Awareness and management of personal reactions to therapeutic material
37. Monitors and documents patient progress during therapy and toward treatment goals and objectives
38. Ability to provide family and couples interventions as appropriate, and in collaboration with other team members as appropriate.
39. Ability to maintain appropriate group boundaries through establishing rules and limits, managing time, and interceding when the group goes off course in some way.
40. Ability to foster a group climate of concern for the well-being, development, and safety of the members.
41. Supports a level of emotional stimulation and experience optimal for learning and engagement within the group.
42. Plays a role in members developing meaning and understanding from their experiences in the group.
43. Planning for and management of therapy termination
44. ASSESSMENT, DIAGNOSIS, INTERVENTION GLOBAL SCORE

Interprofessional Skills *(rate each item 1-6)*

45. Ability to present cases clearly and objectively in team meetings
46. Coordination and collaboration with unit/clinic staff and team
47. Ability to provide psychological input and feedback to teams
48. Gives the appropriate level and content of guidance when providing consultation to clinic staff, taking into account their level of psychological sophistication and knowledge.
49. Familiarity with roles/contributions of various disciplines within the interdisciplinary team.
    and knowledge.
50. Develops positive and collegial relationships with clinic staff and is comfortable in the consultative role.
51. Facility and effectiveness in co-facilitating groups and/or conducting shared medical visits
52. INTERPROFESSIONAL SKILLS GLOBAL SCORE

Completion of Fellowship Project YES NO

The fellow has completed this training assignment satisfactorily YES NO

If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.

Supervisor signature:_____ Date:

Fellow signature:_____ Date:

VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
TEACHING & SUPERVISION EVALUATION

Fellow: Period Covered:
Supervisor(s):
Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill/Close Supervision. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores.
This evaluation is based on the following methods of supervision (check all that apply):

Discussion in supervision
Direct observation (including co-facilitation)
Review of audio recordings
Review of video recordings
Comments:

Teaching & Supervision *(rate each item 1-6)*

1. Knowledge of models of supervision
2. Application of theories of supervision to the supervisory context
3. Develops positive and collegial relationships with supervisees
4. Provides others with appropriate feedback and input in group supervision
5. Provides a safe atmosphere for supervision
6. Provides constructive feedback and guidance to supervisees
7. Effectively deals with resistance in supervision.
8. Effectively deals with boundary issues in supervision
9. Seminars and other didactic presentations are at an appropriate level of detail and sophistication
10. Teaching style is engaging, informative, and appropriate to the level of the audience
11. TEACHING AND SUPERVISION COMPETENCIES GLOBAL SCORE

The fellow has completed this training assignment satisfactorily YES NO

If no, please explain:
Comments:
Areas of Strength:
Areas for Improvement:

I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.
Supervisor signature:_____ Date:
Fellow signature:_____ Date:

VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
MINOR ROTATION EVALUATION

Fellow: Period Covered:
Supervisor(s):
Specify Clinic Setting/Population: (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL):
Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill/Close Supervision. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores ***with the exception of new skills - 3 or above at mid-year, 4 or above at year's end). New skills are determined on an individual basis in conjunction with the track coordinator as part of the fellow's training plan, and are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality***. *Such experiences allow the fellow to sample a range of modalities without the requirement that they be advanced/expert in each specific assessment or intervention at the end of the year.*

This evaluation is based on the following methods of supervision (check all that apply):

Discussion in supervision
Direct observation (including co-facilitation)
Review of audio recordings
Review of video recordings
Comments:

Evidence-based Assessment and Treatment Methods with Specific Populations *(rate each item 1-6)*

1. Knowledge of biological, psychological, and social factors that influence the development, course and outcome of psychopathology seen in this clinic/ team setting
2. Generates comprehensive assessment formulations that incorporate available historical information, relevant medical history, and current assessment data that are appropriate to clinic/team setting and particular clinical needs for this population.

3. Develops therapy goals and treatment plan appropriate to the clinic/team setting, including particular attention to patient and staff dynamics
4. Ability to provide brief psychological interventions appropriate to clinic setting and patient population
5. Understanding of theoretical rationale and research base for evidence-based interventions
6. Appropriate use of evidence-based interventions
7. Effective, flexible administration of therapeutic strategies within EBP protocols
8. Flexible in adjusting the form and logistics of patient contacts to unique characteristics and demands of the clinic setting (e.g., bedside, medical clinic, university setting).
9. Conducts therapeutic interventions effectively and with particular sensitivity and flexibility regarding patient characteristics, clinic/team setting, and unique medical and psychosocial needs of the patient population
10. Facilitates appropriate referrals, including connecting veterans to vocational/ educational/ psychological/medical and other resources
11. EVIDENCE-BASED ASSESSMENT AND TREATMENT COMPETENCIES GLOBAL SCORE

The fellow has completed this training assignment satisfactorily YES NO
If no, please explain:
Comments:
Areas of Strength:

Areas for Improvement:
I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.
Supervisor signature:_____ Date:
Fellow signature:_____ Date:

VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
PSYCHODYNAMIC PSYCHOTHERAPY (ELECTIVE) EVALUATION

Fellow: Period Covered:
Supervisor:
Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill/Close Supervision. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores ***with the exception of new skills - 3 or above at mid-year, 4 or above at year's end). New skills are determined on an individual basis in conjunction with the track coordinator as part of the fellow's training plan, and are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality***. *Such experiences allow the fellow to sample a range of modalities without the requirement that they be advanced/expert in each specific assessment or intervention at the end of the year.*

This evaluation is based on the following methods of supervision (check all that apply):

Discussion in supervision
Direct observation (including co-facilitation)
Review of audio recordings
Review of video recordings
Comments:

Psychodynamic Psychotherapy *(rate each item 1-6)*
1. Ability to conceptualize case from a psychodynamic perspective
2. Attendance to process and content of patient's verbalizations
3. Knowledge of diagnoses and interpersonal issues guides treatment strategies
4. Ability to respond effectively to patient's thoughts, feelings, and behaviors
5. Self-awareness; awareness of the impact of the self on therapeutic process
6. Openness to exploring countertransference & personal reactions to patients

7. PSYCHODYNAMIC PSYCHOTHERAPY COMPETENCIES GLOBAL SCORE

The fellow has completed this training assignment satisfactorily YES NO
If no, please explain:
Comments:
Areas of Strength:
Areas for Improvement:

Supervisor signature:_____ Date:
Fellow signature:_____ Date:

FELLOW EVALUATION OF SUPERVISION

Fellow:
Supervisor:
Rotation:
Period Covered:

Please fill out this form as honestly as possible. Your feedback will be used to improve the quality of fellows' future experiences with this supervisor. Supervisors will be provided with overall feedback based on comments from you and other fellows; you will not be identified in any comments/ratings shared with supervisors. Your confidentiality will be completely respected. Please rate each item on a scale from 1 to 7, and be sure to include written comments as well.

How available was this supervisor to you for supervision?
1= always available, 7=never available

How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)?
1= very knowledgeable, 7=not at all knowledgeable

Did the supervisor provide useful information on and conceptualization of clinical/treatment issues?
1=very frequently, 7=never

Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues?
1=very frequently, 7=never

How often was the supervisor willing to understand and incorporate your views of the patient?
1=very frequently, 7=never

How flexible was this supervisor in terms of his/her theoretical approach?
1= very flexible, 7=not at all flexible

Please rate this supervisor’s teaching and didactic skills
1= excellent, 7= poor

How responsive was this supervisor to your particular interests and needs when providing training?
1=very responsive, 7=very unresponsive

Did this supervisor provide you with effective feedback? =
1=very frequently, 7=never

How often did this supervisor incorporate cultural and diversity factors into case conceptualization?
1=very frequently, 7=never

How open was this supervisor to discussions about how cultural and diversity factors might be impacting your work with a patient?
1=very open, 7=not at all open

Overall rating of quality of supervision =
1=excellent, 7=poor

Comments:

Fellow Signature & Date:

END OF YEAR EVALUATION OF PROGRAM

POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)

Year:

We would greatly appreciate your honest evaluation and comments about your training experience at the Manhattan VA. Your feedback will directly impact future program changes and improvements. The information you provide is confidential. We encourage as many written comments as possible, especially in areas where room for improvement is noted. Many thanks for your help in our on-going efforts to improve our fellowship program.

1. How would you rate the fellowship as a whole?
   1 – Excellent
   2 – Good
   3 – Needs improvement
   4 – Poor

2. Would you recommend this fellowship to your peers?
   1 – Strongly recommend
   2 – Recommend
   3 – Recommend with reservations
   4 – Would not recommend

3. Did the fellowship provide what you expected, based on the brochure, application process, and interviews?
   1 – Exceeded expectations
   2 – Met expectations
   3 – Somewhat different than expected
   4 – Not at all what expected

Comments:

TRAINING OPPORTUNITIES

Please rate the quality of your training experiences this past year using the following scale:

1 – Excellent
2 – Good
3 – Needs improvement
4 – Poor

Major Rotation:

Check one: ☐PCMH ☐GeriPACT/Palliative Care/HBPC ☐ PTSD Clinic

4. Variety of clinical training opportunities & cases

5. Interprofessional training

6. Supervision on this rotation

7. Overall quality

Comments:

Teaching and Supervision:

8. Variety of supervision opportunities
9. Variety of teaching opportunities
10. Supervision of supervision
11. Overall quality

Comments:

Minor Rotation 1:

Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): _____

12. Variety of clinical training opportunities & cases
13. Supervision on this rotation
14. Overall quality

Comments:

Minor Rotation 2:

Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): _____

15. Variety of clinical training opportunities & cases
16. Supervision on this rotation
17. Overall quality

Comments:

Minor Rotation 3:

Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): _____

18. Variety of clinical training opportunities & cases
19. Supervision on this rotation
20. Overall quality

Comments:

Minor Rotation 4:

Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): _____

21. Variety of clinical training opportunities & cases

22. Supervision on this rotation

23. Overall quality

Comments:

Psychodynamic Psychotherapy (elective): ☐ N/A

24. Variety of clinical training opportunities & cases

25. Supervision on this rotation

26. Overall quality

Comments:

27. **Fellowship Project**

Comments:

COMPETENCIES AND PREPARATION FOR PRACTICE

Please evaluate your training for each of the following competency areas and corresponding elements, including the quality of the experience and how well you feel this training has prepared you for your future practice as a psychologist. Please use the following scale in making your ratings:

1 – Excellent, extremely valuable training provided
2 – Above average, valuable training provided
3 – Average, adequate training provided
4 – Below average, somewhat relevant training provided
5 – Poor, little relevance, training well below what one would expect

Integration of Science & Practice:

28. The influence of science on practice and of practice on science

29. The use of current evidence base in training activities

Individual & Cultural Diversity:

30. Theoretical & empirical knowledge base

31. Awareness and knowledge of individual and cultural differences, and their integration into professional roles and activities

32. Awareness of the impact of personal/cultural history, attitudes, and biases

33. Working effectively with a range of diverse individuals and groups whose group membership, demographic characteristics, or worldviews create conflict with one's own

Ethical & Legal Standards:

34. Acting in accordance with relevant organizational, local, state, regional and federal laws, regulations, rules and policies governing the practice of psychology, including the APA Ethical Principles of Psychologists and Code of Conduct:

35. Recognition of ethical dilemmas:

36. Ethical conduct & decision-making:

Psychological Assessment, Diagnosis, and Intervention:

37. Establishing a working alliance with patients and demonstrating appropriate empathy

38. Development & implementation of appropriate assessment strategies

39. Administration, scoring, interpretation, & integration of appropriate assessment measures (e.g., PHQ, GAD, PCL, AUDIT-C, CAPS)

40. Diagnostic interviewing skills

41. Differential diagnosis and knowledge of DSM 5

42. Assessment of suicide risk, including safety planning as indicated

43. Assessment and diagnosis of substance use disorders

44. Formulation of appropriate, evolving case conceptualizations based upon a sound evaluative and theoretical foundation

45. Generation of appropriate therapy goals, treatment plan, and recommendations

46. Communication of the results of assessments to the patient and facilitation of engagement in treatment

47. Effective and flexible application of therapeutic strategies

48. Use of a variety of skills in symptom reduction

49. Effective psychoeducational interventions

50. Appropriate professional boundaries

51. Effective management and intervention in crisis situations

52. Awareness and management of personal reactions to therapeutic material

53. Monitoring and documentation of patient progress; clinical reports

54. Group therapy skills

55. Planning for and management of therapy termination

Interprofessional Skills:

56. Presentations in team meetings; Ability to provide psychological input and feedback to teams
57. Coordination, consultation, and collaboration with interdisciplinary teams
58. Co-facilitation of groups and/or shared medical visits

Teaching and Supervision:

59. Models of supervision
60. Application of theories of supervision to the supervisory context
61. Providing a safe atmosphere for supervision
62. Providing constructive feedback and guidance to supervisees
63. Dealing effectively with resistance and boundary issues in supervision.
64. Teaching skills

Evidence-Based Methods with Specific Populations:

65. Knowledge of biological, psychological, and social factors that influence the development, course and outcome of psychopathology
66. Assessment formulations, therapy goals, and treatment plans that incorporate available historical information, relevant medical history, and current assessment data and are appropriate to clinic/team setting and particular clinical needs for this population.
67. Understanding of theoretical rationale and research base for evidence-based interventions
68. Appropriate use of evidence-based interventions
69. Effective, flexible administration of therapeutic strategies within EBP protocols
70. Flexibility in adjusting the form and logistics of patient contacts to unique characteristics and demands of the clinic/team setting (e.g., bedside, medical clinic, university setting)
71. Conducting therapeutic interventions effectively and with particular sensitivity and flexibility regarding patient characteristics, clinic/team setting, and unique medical and psychosocial needs of the patient population
72. Facilitation of appropriate referrals, including connecting patients to vocational/educational/ psychological/medical and other resources

Psychodynamic Psychotherapy (elective): ☐ **N/A**

73. Conceptualization of cases from a psychodynamic perspective
74. Attending to the process and content of patient's verbalizations

75. Use of diagnoses and interpersonal issues to guide treatment strategies

76. Effectively responding to patient's thoughts, feelings, and behaviors

77. Self-awareness; awareness of the impact of the self on therapeutic process

78. Exploration of countertransference & personal reactions to patients

ADMINISTRATIVE, DIDACTIC, ENVIRONMENTAL, & OTHER PROCESSES

Please rate these aspects of the program over the past year using the following scale:
1 – Excellent
2 – Good
3 – Needs improvement
4 – Poor

EVALUATION PROCESS

79. Informativeness of supervisors' formal written evaluations

80. Amount & informativeness of supervisors' informal feedback

81. Fairness of evaluation process

82. Opportunity to give feedback to supervisors

Comments:

COMMUNICATIONS WITH PSYCHOLOGY STAFF

83. Info about policies, procedures, and reports affecting fellows

84. Amount and frequency of communication between staff and fellows

85. Level of supportiveness and resepct shown by staff toward fellows

86. Relations between staff and fellows

87. Consideration given to fellows' needs

Comments:

PROFESSIONAL ATMOSPHERE & ROLE MODELING

88. Competence of Psychology staff

89. Quality of psychology programs involved in patient care

90. Facilitation of understanding and appreciation of the psychologist's professional role

91. Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, Primary Care, etc.

92. Please rate how well the mentorship process met your needs related to professional development

93. Please rate how well the mentorship process met your needs related to exploring personal identities and cultural / diversity issues

94. Fellow process group

Comments:

SEMINARS

95. Overall variety of topics

96. Overall quality of seminars

97. Responsiveness to training needs

Additional topics you would recommend:

Topics or presenters you would recommend deleting:

SUPPORT FACILITIES

98. Computer system

99. Availability of offices

100. Medical library / Online journal access

101. Physical environment

Comments:

WHAT HAVE BEEN THE HIGHLIGHTS OF YOUR TRAINING EXPERIENCE & WHY?

1)
2)

3)

4)

WHAT WERE THE LESS DESIRABLE ASPECTS TO YOUR TRAINING EXPERIENCE AND WHY?

1)

2)

3)

4)

102. Did your VA fellowship help further your professional goals and development?
    1 – Definitely yes
    2 – Yes
    3 – Not sure
    4 – Definitely not

Please specify the ways in which it did and did not:

103. In retrospect, would you choose this fellowship again?

1 – Definitely yes
2 – Yes
3 – Not sure
4 – Definitely not

Why or why not?

Any additional comments?

APPENDIX B

DUE PROCESS, REMEDIATION, & GRIEVANCE PROCEDURES

PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM
VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)

DUE PROCESS, REMEDIATION OF PROBLEMATIC TRAINEE PERFORMANCE, AND GRIEVANCE PROCEDURES

This policy provides an accounting of trainee and supervisor responsibilities, a definition of problematic trainee performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures. The procedures outlined in this policy are intended to assure that adequate measures are in place to address problems and concerns and to protect due process for everyone involved in Psychology training.

All of our Psychology training programs follow due process guidelines to assure that decisions are fair and nondiscriminatory. During the orientation process (first week of employment), trainees are given the program's Policy and Procedure Manual and this material is reviewed with the Director of Training. The handbook contains written information regarding:

- Expected performance and conduct
- Supervisor and trainee rights and responsibilities
- The evaluation process, including the format and schedule of evaluations
- Procedures for reporting problematic behavior on the part of supervisors or trainees
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

At the end of orientation, trainees sign a form indicating that they have read and understood these policies. Supervisors also sign a Training Agreement form indicating their agreement with the supervisor responsibilities outlined below.

I. RIGHTS & RESPONSIBILITIES

Our Psychology training programs are committed to providing trainees with opportunities that foster clinical and professional growth. At the same time, our programs are responsible for informing trainees as soon as possible if there is a concern about their performance. The program has the responsibility to monitor trainees' progress in order to benefit and protect the public and the profession, as well as to facilitate trainees' professional growth. The program also has the responsibility to inform trainees of program requirements and expectations for successful completion of the program. The program assumes responsibility for continual assessment of and feedback to trainees in order to help them improve their skills, remediate problematic behaviors, and/or to prevent individuals who may be unsuited in skills or who have interpersonal limitations from entering into the professional practice of psychology. While our training programs provide opportunities for professional growth and learning, these experiences may also increase trainees' stress and uncertainty. It is the responsibility of the program to provide structure, procedures, and opportunities that allow for growth and minimize stress. Examples of such measures include (but are not limited to) providing orientation meetings and trainings, providing quality clinical supervision and guidance from licensed psychologists, setting clear and realistic expectations and goals for the training year, providing ongoing supervisory support and feedback from supervisors and the Director of Training, giving clear and timely evaluations of trainees' performance,

providing a process group with an outside facilitator not involved in the evaluation process, providing mentorship opportunities, and offering didactic instruction (including specific didactics related to professional development). The program is dedicated to responding sensitively to trainees' needs and to protecting their rights.

1. **Trainees' responsibilities include the following:**
   - Functioning within the bounds of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct and in a manner consistent with the program's Policy and Procedure Manual and with the laws, regulations, and policies governing the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), and the VA NY Harbor Healthcare System Bylaws and Rules and Regulations of the Medical Staff.
   - Demonstrating the required competencies outlined by the program and evaluated on each clinical rotation and assignment.
   - Demonstrating active participation in all training, didactic, and service activities.
   - Demonstrating an openness and receptivity to professionally appropriate input and feedback from supervisors.
   - Behaving in a manner that promotes professionalism and is in accordance with VA NYHHS and the profession of health service psychology.

2. **Trainees have the right:**
   - To be trained by licensed supervisors who behave in accordance with APA ethical guidelines
   - To receive clear communications of the competencies and standards expected by the program. These are reviewed during orientation and throughout the training year as part of the evaluation process. Trainees typically receive 3-6 hours of individual supervision per week (3 hours minimum), in order to support their clinical and professional growth and development.
   - To evaluation of their performance that is specific, respectful, and personal; feedback is ongoing and formal evaluations occur at specific intervals, as outlined in the Policy and Procedure Manual.
   - To be treated with professional respect and in a manner that recognizes the wealth of experience they bring with them.
   - To initiate informal resolution of problems that may arise in the training experience directly with the individual(s) involved, through the Director of Training, or through APPIC's informal problem consultation process (detailed later in this policy).
   - To due process should informal resolution of problems or grievances prove insufficient.
   - To provide input to and suggestions for the program; these can be made during regularly scheduled supervision times or meetings with the Director of Training, or at any time a concern arises.

3. **Supervisor Duties & Responsibilities:**

Clinical supervision and teaching are considered auxiliary duties for licensed staff psychologists. Staff may volunteer to participate in one or more of our Psychology training programs. Staff meet with the Director(s) of Training to review expectations and responsibilities and sign the Training Agreement, with the understanding that their participation will be discussed and voted upon by the full Training Committee. The Training Committee minutes will reflect the discussion of the staff member's participation in training and any objections will be noted. The Director of Training will maintain the signed Training Agreement along with other program records. The Training Agreement is outlined below.

Supervisors will:

- Provide trainees with ongoing feedback related to competency-based goals, including the functional and foundational competencies of professional psychology (as enumerated in our Evaluation forms).
- Assist in the development of goals and tasks to be achieved in supervision specific to assessed competencies.
- Provide formal, summative evaluative feedback at the end of each rotation.
- Maintain patient information as confidential and treat supervisee disclosures with discretion. Sensitive information will be shared on a need-to-know basis only.
- Oversee and monitor all aspects of patient case conceptualization and treatment planning.
- Conduct direct observation and review video/audio recordings both during and/or outside of the supervision session as applicable.
- Identify delegated supervisors who will provide supervision/consultation when the supervisor is not available. This includes signing progress notes if the time of absence is greater than 24 hours.
- Adhere to APA Ethical Standards.
- Recognize the inherent role that cultural identity and intersectionality plays in clinical practice and supervision, as well as seek to understand how historical and contemporary experiences with power, privilege, and oppression affect both clinical and supervisory relationships. As part of demonstrating their ongoing commitment to developing their own cultural competence and providing culturally responsive supervision, supervisors will participate in one or more of the following activities: staff diversity trainings, small diversity consultation groups, the Psychology Diversity Committee, the Alliance for Healthcare Equity, Accountability and Diversity (AHEAD), Safe/Brave Spaces Groups (facilitated by AHEAD), and/or the medical center's Diversity, Inclusion and Advisory Council (DIAC).
- Maintain the responsibility to provide feedback to trainees in a timely and ongoing manner. If a supervisor believes that a trainee is not functioning at the minimum level of achievement, it is the supervisor's responsibility to make this observation known to the trainee as soon as possible and to notify the Director of Training. Trainees at risk of falling below the minimum level of achievement must be given a chance to address the deficiency prior to receiving that rating.
- Determine and discuss the graduated levels of responsibility for each trainee (room, area, available) at the beginning of supervision. Any changes in this level will be discussed in supervision and with the Director of Training, and documented on the Graduated Levels of Responsibility form.
- Regularly attend monthly Training Committee meetings.
- Discuss the trainee's development, strengths, and growth areas with the Director of Training and the Training Committee. Feedback provided during supervision should be treated as being sensitive in nature.
- Be responsible for knowing the program's grievance, due process, and remediation plan policies.
- Maintain awareness of the trainee's workload and program expectation of a 40-hour work week.
- Achieve ratings indicating fully satisfactory performance on Evaluation of Supervisor forms (average rating of 3.0 or higher over a 2 year period). Ratings of 3.0 or higher are potentially problematic and may necessitate review for appropriateness of continued supervisor responsibilities.
- Understand that unprofessional behavior may necessitate an immediate review of supervision responsibilities, including: repeated complaints from trainees that are not addressed appropriately or remedied; discriminatory comments and/or behavior related to trainees' race,

ethnicity, gender identity, sexual orientation, religion, etc., as well as any other ethical and/or professional violations.

- Follow the policies and recommendations set form by the NYH Medical Staff By-Laws, VA Handbook for Supervision of Associated Health Trainees (1400.04), the VA Handbook for Education of Associated Health Trainees (1400.08), and VHA Directive 1027 addressing Supervision of Psychologists and Social Workers Preparing for Licensure. These policies are available on the shared MH drive (J drive), in the NY-Psychology Clinical Supervision Resources folder.
- Not be disruptive to training leadership or the training program. Disruption to training leadership or the training program is problematic and will necessitate review for appropriateness of continued supervisory responsibilities. Disruptive behavior will be brought to the attention of the supervisor, who will be given an opportunity to respond and/or resolve the problem. If disruptive behavior cannot be resolved, or is sufficiently severe, the supervisor may be required to take a temporary or permanent leave of absence from involvement in training. If the Director of Training is the supervisor in question, the aforementioned processes and decisions regarding appropriate actions will involve the Section Chief, Psychology, the ACOS for MH, and/or the ACOS for Education.

II. PROBLEMATIC TRAINEE PERFORMANCE AND/OR CONDUCT

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic trainee performance.

Definition of Problematic Behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the trainee's professional role and ability to perform required job duties, including the quality of: the trainee's clinical services; their relationships with peers, supervisors, or other staff; and their ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the trainee's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The trainee's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the trainee are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to identify and report patients' high risk behaviors

- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA NYHHS policies and procedures, as outlined during new employee orientation.

III. REMEDIATION OF PROBLEMATIC TRAINEE PERFORMANCE AND/OR CONDUCT

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with trainees and supervisors regarding trainees' progress and potential problems. In addition, trainees are encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each trainee reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Training Committee consists of all psychology supervisors and staff involved in planning for the program. The Committee meets once per month to discuss training issues and trainee performance. Supervisors discuss skills and areas of strength, as well as areas for growth and concerns regarding clinical or professional performance and conduct. Trainees also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year (see previous section on the Evaluation Process for details).

Trainees are continuously evaluated and informed about their performance with regard to the aims and competencies of the program. It is hoped that trainees and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the trainee and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although trainees are formally evaluated at regular intervals (see previous section on the Evaluation Process), problematic behaviors may arise and need to be addressed at any given time. All written evaluations become a part of the trainee's permanent file with the Psychology Section. These records are maintained by the Director of Training Director and kept in secure, locked cabinets in their office.

The expected level of competence as indicated in trainees' written evaluations are as follows:

- Ratings of 4 (minimal supervision needed, postdoc mid-level) or higher at mid-year (3 or higher for new skill area at mid-year).
- Ratings of 5 (no supervision needed, advanced postdoc level) at end of year (4 or higher for new skill area at end of year)
- the overall rating that the trainee has completed the training assignment satisfactorily

A. Responding to Problematic Trainee Performance:

At any time, a trainee may be given verbal feedback—considered verbal warning—that they are not performing up to expected standards. In particular, supervisors are expected to give a verbal warning

if they believe the trainee is not performing up to expected standards, and if the trainee is likely to be rated below the expected level on any of the defined competencies. If the trainee addresses the feedback appropriately and brings their performance up to the expected standard, then no further action is necessary.

If the trainee fails to meet expectations at the time of a written evaluation, the following procedures to address problematic performance and/or conduct will be initiated:

1. Within 10 working days of receipt of the rating, the Training Director, rotation supervisor(s), and other relevant supervisors will meet as a Review Committee to discuss the ratings and determine what action needs to be taken to address the problem reflected by the ratings.

2. The trainee will be notified verbally and/or in writing, immediately upon receipt of the ratings, that such a review is occurring and the Review Committee will receive any information or statement from the trainee related to their response to the rating.

3. In discussing the ratings that fall below minimum expectations and the trainee's response, if available, the Review Committee may adopt any one or more of the following methods or may take any other appropriate action. The Committee may issue a(n):

    a) Written or verbal notice that no further action is necessary

    b) "Acknowledgement Notice" which states in writing:
        - That the Committee is aware of and concerned with the rating.
        - That the Rating has been brought to the trainee's attention.
        - That the committee will work with the trainee to remediate the problem or skill deficit addressed by the rating.
        - That the behavior(s) associated with the rating are not severe enough to warrant more serious action

    c) "Remediation Notice" which calls for the Review Committee, through supervisors and the Training Director, to actively and systemically monitor for a specific length of time the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Remediation Notice is a written statement that includes the following:
        - The specific behaviors and competencies associated with the inadequate rating
        - The specific recommendations for rectifying the problem including what is expected of both the trainee and supervisors involved in the plan.
        - The time frame during which the problem is expected to be resolved.
        - The procedures designed to ascertain whether the problem has been appropriately rectified.

When the Review Committee deems that remedial action is required, the identified performance deficit and/or problematic behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

- Increased supervision, either with the same or other supervisors.
- Change in the format, emphasis, and/or focus of supervision.

- Change in the training plan and clinical foci.
- Additional reading and/or didactic instruction
- A recommendation that personal therapy be utilized to address identified behaviors. Trainees have a right to confidentiality should they elect to pursue personal therapy. Remediation plans will not reflect participation in therapy as a condition for successful remediation but will instead focus on monitoring behavioral performance and change. Trainees are eligible to use the Employee Assistance Program (EAP).

After the delivery of an Acknowledgement Notice or Remediation Notice, the Review Committee will meet with the trainee to review its recommended action. The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are described in Trainee Grievance Procedures section of this document. Once the Review Committee has issued an Acknowledgement Notice, the trainee's status will be reviewed within 3 months' time. In the case of a Remediation Notice, the trainee's status will be reviewed within the time frame set by the notice.

B. <u>Failure to Correct Problems:</u>

When the intervention does not rectify the problematic performance within a reasonable period of time, or when the trainee seems unable or unwilling to alter their behavior, the Review Committee may need to take further formal action. If a trainee on Remediation has not improved sufficiently to rectify the problems under the conditions stipulated by the Remediation Plan, the Review Committee will conduct a formal review and then inform the trainee in writing that the conditions have not been met. The Review Committee may then elect to take any of the following steps or other appropriate action:

- Issue a "Probation Notice." This step is implemented when problematic behavior(s) are deemed to be more serious by the Review Committee and/or when repeated efforts at remediation have not resolved the issue. Any ongoing remediation efforts will be reviewed monthly by the Review Committee. Any determination to issue a probation notice will be done within 5 business days following the specified end date of the Remediation Plan. The trainee will be given a written statement that includes the following documentation:
    - A description of any previous efforts to rectify the problem(s) and of any appeals by the trainee
    - Specific recommendations for resolving the problem(s)
    - A specified time frame (not to exceed 6 weeks) for the probation during which the problem is expected to be rectified and procedures for assessing this.

  Again, as part of this process, the trainee is invited to provide a written statement regarding the identified problem(s) and/or to appeal to the ACOS for Mental Health (to be submitted no later than 5 business days following the receipt of the probation notice). As outlined in the probation notice, the supervisor(s), Training Director, and the trainee will meet to discuss the trainee's progress at the end of the probationary period (not to exceed 6 weeks).

- Suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified. Suspensions beyond the time specified in the Probation Notice may result in termination or failure to graduate from the program.

- Depending on the gravity of the issue, inform the trainee that they will not successfully complete the training program if their problematic performance does not change. If by the end of the training year, the trainee has not successfully completed the training requirements, the Review Committee may recommend that the trainee not be graduated. The Review Committee may specify to the licensing board those settings in which the former trainee can and cannot function adequately.

- Inform the trainee that they are recommending they be immediately terminated from the training program.

C. Unethical or Illegal Behavior

Any illegal or unethical conduct by a trainee must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The Director of Training will document the issue in writing, and consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the Director of Training, the supervisor, and the trainee, as described above.

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable Federal, state, or local laws.
3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the Director of Training may consult with the Training Committee to get further information and/or guidance. Following review of the issues, the Training Committee may recommend either formal probation or termination of the trainee from the program. Probationary status will be communicated to the trainee, VA OAA, APA, and/or APPIC in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the Probation Notice will result in the immediate termination of the trainee from the program.

The Director of Training may also consult with the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the Director of Training may immediately put the trainee on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the program may be required to alert our accrediting body (APA) and/or other professional organizations (e.g., APPIC, state licensing boards) regarding unethical or illegal behavior on the part of a trainee.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the trainee may request assistance and/or consultation outside of the program and utilize the resources listed at the end of this document.

All documentation related to remediation, counseling, and/or serious infractions becomes part of the trainee's permanent file with the Psychology Section. These records are maintained by the Director of Training and kept in secure, locked cabinets in their office.

IV. TRAINEE GRIEVANCE PROCEDURE

This section outlines the policy regarding a trainee's right to respond to and/or appeal any notice of problematic behavior and/or conduct:

Trainees who receive an Acknowledgement Notice, Remediation Notice, Probation Notice, or who otherwise disagree with any Review Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance procedure. Within 10 working dates of receipt of the Review Committee's notice or other decision, the trainee must inform the Training Director in writing that they disagree with the Committee's action and provide the Training Director with information as to why they believe the Review Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the following actions will be taken:

- Upon receipt of the written notice of grievance, the Training Director will convene a Grievance Committee consisting of the Training Director, two training committee members selected by the Training Director, and two training committee members selected by the trainee. The trainee retains their right to hear all allegations and the opportunity to dispute them or explain their behavior.

- Within 10 working days of receipt of the written notice of grievance by the trainee, a Grievance Hearing will be conducted, chaired by the Training Director, in which the grievance is heard and evidence is presented. Decisions made by the Grievance Committee must be made by majority vote. Within 5 working days of the hearing, the Grievance Committee will submit a written report to the ACOS for Mental Health.

- Within 5 working days of receipt of the Grievance Committee's report, the ACOS for Mental Health will accept the Grievance Committee's action, reject the Grievance Committee's action and provide an alternative, or refer the matter back to the Grievance Committee for further deliberation. In the latter case, the Grievance Committee then reports back to the ACOS for Mental Health within 10 working dates of the receipt of request for further deliberation. The ACOS for Mental Health then makes a final decision regarding what action is to be taken.

- Within 10 working days the final decision, recommendations will be communicated to the trainee and any other appropriate individuals, in writing.

All documentation related to the grievance process becomes part of the trainee's permanent file with the Psychology Section. These records are maintained by the Director of Training and kept in secure,

locked cabinets in their office.

V. PROBLEMATIC SUPERVISOR PERFORMANCE AND/OR CONDUCT

This section details the program's procedures for handling any complaints or concerns about a supervisor's performance. Complaints/concerns may be brought by trainees, Training Committee members, or any VA staff.

Any professional misconduct or problematic behavior by a supervisor must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report it. The Director of Training will document the issue in writing, and consult with the appropriate parties to determine the best course of action for addressing the behavior. Resources for consultation may include the Section Chief of Psychology, the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., ACOS/Education, Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC, depending on the situation.

A. For complaints/concerns brought by trainees:

1. If a trainee has a grievance of any kind, including a conflict with a supervisor (but also with a peer or other hospital staff), or with a particular training assignment, the trainee is first encouraged to attempt to work it out this issue informally and directly.** In some circumstances, if the trainee feels uncomfortable or unsafe doing so, they may choose to bring the issue directly to the Director of Training.

2. If unable to resolve the issue, the trainee would then discuss the grievance with the Director of Training, who would meet with the parties as appropriate. **In the event of a sexual or professional misconduct or other serious, safety-related allegation by a trainee, the Director of Training may seek consultation to determine the best course of action, as described at the beginning of this section, above.** Serious allegations may then follow the procedures outlined below in the section on complaints/concerns brought by Psychology or other VA staff.

3. If still unable to resolve the problem, the trainee, supervisor, and Director of Training would then meet with the Associate Chief of Staff (ACOS) for Mental Health.

4. A meeting with all the involved parties would be arranged within two weeks of notification of the ACOS for MH. The ACOS for MH serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.

5. The ACOS for MH would make a recommendation of how to best resolve the grievance. Within one week of the meeting, a written notification of this recommendation will be forwarded to all parties by the ACOS for MH.

6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to enlist the services of two outside consultants, a graduate of the postdoctoral traineeship program and a psychologist unaffiliated with the program, but familiar with training issues.

If a graduate of the traineeship program is unavailable, a second unaffiliated psychologist who is familiar with training issues may be requested.

7. The consultants would work with all involved individuals to mediate an acceptable solution. The ACOS for MH will implement this step in the grievance procedure as soon as a request is made in writing.

8. The consultants would meet with the involved parties within one month of the written request. The two consultants and the ACOS for MH would then make a final decision regard how to best resolve the grievance.

9. All parties would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.

***Please note: if a trainee has an issue with the Director of Training that they are unable to work out directly, the trainee would discuss the grievance with the ACOS for MH or their designee, who would then meet with the trainee and Director of Training, as appropriate.*

B. <u>For complaints/concerns brought by Psychology or other VA staff:</u>

1. Any concerns about a supervisor's participation in clinical training should first be brought to the Director of Training.

2. The Director of Training will determine the appropriate course of action based on the severity of the issue; this can include consultation with the Section Chief of Psychology, the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., ACOS/Education, Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC.

3. Based on these consultations, the Director of Training may take any of the following actions:
   - Informal discussion with clinical supervisor
   - Require additional training in order to enhance supervisor competence in a particular area
   - Discussion with clinical supervisor, their immediate supervisor, and/or Section Chief
   - Report the issue to HR and/or Chief of Staff's office

4. Following discussion with the Training Director, the Section Chief, and the ACOS for Mental Health, issues of sufficient severity or repeated failure to correct problematic behavior may result in a period of probation, suspension, or removal from the Training Committee.
   - Any such issues would be put to the full Training Committee for a vote; if there are immediate concerns for trainees' safety or well-being, the Director of Training may temporarily suspend the clinical supervisor until a vote can be held.
   - The Training Committee will outline conditions, if any, for the issue to be reviewed.

VI. <u>RESOURCES FOR TRAINEES</u>:

At any stage of the remediation or grievance processes, the trainee may request assistance and/or

consultation outside of the program. Resources for outside consultation include:

- **VA Office of Resolution Management (ORM)** –
  Department of Veterans Affairs
  Office of Resolution Management (08)
  810 Vermont Avenue, NW, Washington, DC 20420
  1-202-501-2800 or Toll Free 1-888- 737-3361
  https://www.va.gov/ormdi/

  This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. These services and programs include:

  - **Prevention**: programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
  - **Early Resolution:** ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are trainee VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
  - **Equal Employment Opportunity (EEO) Complaint Processing**

- **Association of Psychology Postdoctoral and Internship Centers (APPIC)**
  APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.

  http://appic.org/Problem-Consultation

Informal Problem Consultation (IPC)	Please complete the IPC form or contact the APPIC Match Coordinator through appic@appic.org. To initiate the IPC process: Complete the online IPC Request Form and it will be sent to the APPIC Executive Director, Dr. Jeff Baker . You should receive a response within two business days. Those in the VA, federal prisons or hospitals with restricted access to OnLine Forms may have to complete this form at home or on their cell phone. The form does not require any identifying information of a trainee thus no PHI is transmitted with this form.
Formal Complaints	Questions about the formal complaint process may be directed to Dr. Ellen Teng, Chair of APPIC's Standards and Review Committee, eteng@bcm.edu.

If you have COMPLETED an Informal Problem Consultation (IPC) with APPIC and the issue was not resolved, the next step to consider is filing a FORMAL COMPLAINT. Complaints should be filed ONLINE:

ASARC Complaint Form
Submit any additional attachments as uploads in the form itself.

(Alternative to Online Submission)

Submit by email to APPIC:
Attention: Chair, APPIC Standards and Review Committee
APPIC
appic@appic.org

- **APA Office of Program Consultation and Accreditation**:
  750 First Street, NE
  Washington, DC 20002-4242
  (202) 336-5979
  http://www.apa.org/ed/accreditation

- Independent legal counsel

Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment.